




J. TYLER McCAULEY
AUDITOR-CONTROLLER

**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

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500 WEST TEMPLE STREET, ROOM 525
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February 2, 2004

TO: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Yvonne Brathwaite Burke
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

FROM: J. Tyler McCauley
Auditor-Controller 

SUBJECT: **BEHAVIORAL HEALTH SERVICE REVIEW**

We have completed a review of the Behavioral Health Service (BHS), an Integrated Care Management Program service provider. The review was conducted as part of the Auditor-Controller's Centralized Contract Monitoring Pilot Project.

Background

The Department of Community and Senior Services (DCSS) contracts with Behavioral Health Service (BHS), a private, non-profit, community-based organization, which provides services to seniors ages 60 and older and their spouses, and the disabled residents located in Service Planning Area (SPA) Eight. The types of services provided by BHS include interviewing program participants and assessing their cognitive, social, emotional, and medical needs and developing a care plan. In addition, BHS staff will contact the appropriate service providers to arrange for the services identified in the participants' care plans and meet with the participants on a monthly basis to ensure that the participants' needs are being met. BHS's office is located in the Fourth District.

DCSS pays BHS a negotiated hourly rate up to a maximum rate established by DCSS. The negotiated hourly rate is based on the program costs and service hours that BHS estimated in their proposal. BHS is paid \$22 per hour for Intake Screening and \$40 per hour for all other services provided. For Fiscal Year 2002-03, DCSS paid BHS approximately \$110,000.

Purpose/Methodology

The purpose of the review was to determine whether BHS was providing the services outlined in their Program Statement and County contract. We also evaluated BHS's ability to achieve planned levels of service and staffing. Our monitoring visit included a review of BHS's Annual Service Level Assessment report, billing statements, participant case files, personnel and payroll records, and interviews with BHS's staff and program participants.

Results of Review

We noted that BHS uses qualified staff to perform the services, as required by their contract. However, BHS bills DCSS for services that were not provided or supported with documentation. Five of twelve program participants interviewed stated that they did not receive the services that BHS billed DCSS. The amount that BHS billed DCSS for services that were not provided totaled \$2,800.

We also sampled 222 service hours (includes both DCSS' Adult Protective Services (APS) referrals and non-APS referrals) from 571 service hours that BHS billed DCSS from September through October 2003, and we noted that 178 (78%) of the 222 service hours billed were not supported with documentation. The amount billed for undocumented services totaled \$6,920 out of a total of \$8,880 reviewed.

BHS is required to refer cases back to APS within five days of the referral date, in instances where the referrals refuse services or BHS is unable to contact them. For the seven APS referrals reviewed, BHS retained the cases an average of 50 days beyond the five-day time frame. Since APS referrals often involve individuals that need immediate attention, BHS not referring the cases back to APS, as required by the contract within the five day timeframe, can impact the health and safety of the referrals.

We recommend that DCSS management request BHS to explain the differences between the services that BHS billed DCSS and the services that the program participants actually claimed receiving. If the explanations do not appear reasonable, DCSS should terminate the contract with BHS.

If DCSS decides to continue to contract with BHS, we recommend, that BHS management only bill DCSS for services actually provided and maintain documentation to support each service billed. We also recommend that BHS management refer APS referrals back to APS within the required five-day timeframe, in instances where the referrals refuse services or BHS is unable to contact them.

Review of Report

In their attached response, BHS disagrees with our finding that 14 cases, in which BHS billed DCSS a total of 51 hours for preparing care plans, did not contain updated care plans. BHS claims that seven (non-APS cases) of the 14 cases do contain updated

care plans. During our review in December 2003, we informed BHS management that the 14 case files did not contain updated care plans. BHS management did not disagree with our assessment of the case files at that time.

We also discussed the results of our review with BHS management on January 8th and January 16th. Prior to both meetings, we instructed BHS management to provide documentation to support any disagreements with our findings. BHS did not provide us copies of the updated care plans that were noted in their response.

BHS also claims in their response that the 70 hours they billed DCSS for services to five APS referrals were for preparatory consultations with the APS social workers and other service providers. During our review, BHS claimed that the 70 hours billed to DCSS were attempts by BHS staff to contact the APS referrals. However, none of this claimed activity was document or confirmed by the program participants.

We notified DCSS of the results of our review. DCSS will report to your Board within 60 days of this report on the outcome of their meeting with the contractor.

We thank BHS for their cooperation and assistance during this review. Please call me if you have any questions, or your staff may contact Don Chadwick at (626) 293-1122.

JTM:DR:DC

c: David E. Janssen, Chief Administrative Officer
Department of Community and Senior Services
Robert Ryans, Director
Cynthia Banks, Chief Deputy Director
Laura Medina, Program Manager
Deborah Levan, Director, Behavioral Health Services, Inc.
Violet Varona-Lukens, Executive Officer
Public Information Office
Audit Committee

**CENTRALIZED CONTRACT MONITORING PILOT PROJECT
INTEGRATED CARE MANAGEMENT (ICM) PROGRAM
FISCAL YEAR 2003-2004
BEHAVIORAL HEALTH SERVICES**

BILLED SERVICES

Objective

Determine whether Behavioral Health Services (BHS) provided the services billed in accordance with their contract.

Verification

We selected a sample of 222 hours of service from a total of 571 hours that BHS billed DCSS in September and October 2003 and reviewed the case files for documentation to support the services billed and that the program participants were eligible to receive services.

Results

Our review of the sampled hours billed disclosed the following:

- One hundred seventy-eight (78%) of the 222 service hours billed were not supported with documentation. For example, BHS billed 36 hours for developing Care Planning for 14 program participants. In each instance, the client's case files did not have the completed care plan to document BHS's provision of services. The amount billed for undocumented services totaled \$6,920 out of a total of \$8,880 reviewed.
- BHS is required to refer cases back to DCSS' Adult Protective Services (APS) within five days of the referral date, in instances where the referrals refuse services or BHS is unable to contact them. However, our review of seven APS referred cases disclosed that the contractor retained the referrals an average of 50 days beyond the date the cases should have been referred to DCSS. Four cases were closed and sent back to APS an average of 37 days after the cases were referred to them by APS. The remaining three cases are still assigned to BHS despite exceeding the five day time frame by an average of 68 days. BHS claims they retained the cases beyond the five day timeframe in order to encourage the individuals to accept assistance. Since APS referrals often involve individuals that need immediate attention, BHS not referring the cases back to APS within the five day timeframe can impact the health and safety of the referrals.
- BHS continues to bill DCSS for services on APS referrals after the date the cases should have been referred back to DCSS. Seventy-five of the 222

services hours sampled were charges on seven APS referrals for activity claimed beyond the date the referrals should have been referred back to DCSS. The total amount billed to DCSS totaled \$3,000.

Recommendations

BHS management:

1. **Maintain documentation to support each hour billed to DCSS.**
2. **Ensure that BHS staff return APS referrals within the timeframes to APS when BHS is unable to contract the clients or the clients refuse ICM services.**

CLIENT VERIFICATION

Objective

Determine whether the program participants actually received the services that Behavioral Health Services billed DCSS.

Verification

We judgmentally selected a sample of 12 program participants to interview to confirm the services BHS billed to DCSS. Five of the 12 program participants interviewed were referred to BHS by DCSS' APS.

Results

BHS bills DCSS for services that were not provided or supported with documentation. BHS billed DCSS 70 hours for time spent completing in-home assessments and care plans and case monitoring for the five referrals. However, four (80%) of the five referrals stated that no one from BHS has contacted them. The fifth referral stated that a BHS care manager contacted her, but the referral declined services. In addition, the case files did not contain documentation to confirm that services were provided. The amount that BHS billed DCSS for services that were not provided totaled \$2,800.

The remaining seven program participants interviewed stated that the services they receive from BHS meet their expectations and their assigned social worker visits them at least once a month, as required. While the participants were unable to remember the specific dates, they remembered receiving services from BHS.

DCSS management needs to request BHS explain the differences between the services BHS billed DCSS and the services that the APS referrals actually claimed receiving. If the explanations do not appear reasonable, DCSS should terminate the contract with BHS.

Recommendation

3. DCSS management request BHS explain the differences between the services BHS billed DCSS and the services that the APS referrals actually claimed receiving. If the explanations do not appear reasonable, DCSS should terminate the contract with BHS.

STAFFING/CASELOAD LEVELS**Objective**

Determine whether BHS's Care Manager has a case load of 40 or less, as required by the County contract.

Verification

We interviewed BHS's Care Manager, Program Director, reviewed case files and billing invoices for September and October 2003.

Results

No exceptions. BHS uses one full-time Care Manager to provide program services. Our review of the billing invoices for September and October disclosed BHS reported 30 active cases which resulted in the Care Manager's assigned caseload not exceeding the maximum allowed by DCSS' contract (40 cases per care manager).

Recommendation

There are no recommendations for this section.

STAFFING QUALIFICATIONS**Objective**

Determine whether BHS's staff meets the qualifications required by DCSS' contract.

Verification

We interviewed BHS's staff who worked on DCSS' contract. In addition, we reviewed each staff's personnel file for documentation to confirm their qualifications.

Results

No exceptions. Our interviews with BHS's staff and review of their personnel files disclosed that the staff assigned to DCSS' contract possess the required educational (college degrees) and work experience identified in DCSS' contract.

Recommendation

There are no recommendations for this section.

SERVICE LEVELS**Objectives**

Determine whether BHS's reported services for Fiscal Year (FY) 2002-03 did not significantly varied from planned services levels.

Verification

We reviewed DCSS' Annual Service Level Assessment report for FY 2002-03 and BHS's proposed service levels for the same period.

Results

No exceptions. Our review of BHS's reported service levels disclosed BHS achieved their planned service levels. For FY 2002-03, BHS's planned service level for providing all services was 2,233 hours. The actual service levels reported by BHS for the fiscal year amounted to 2,302 hours. However, as previously noted, BHS often did not have documentation to support the reported services or provided services to individuals not eligible to receive Care Management Services.

Recommendation

There are no recommendations for this section.



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All of the above programs of
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have been accredited by



until June 2003.

SOUTH BAY SENIOR SERVICES

3246 West Sepulveda Boulevard, Torrance, CA 90505-2762
310-325-2141 FAX 310-325-5408

January 27, 2004

TO: J. Tyler McCauley
Auditor-Controller, Los Angeles County

FROM: Deborah Levan, M.P.H. 
Director of Senior Services, Behavioral Health Services, Inc.

SUBJECT: Response to BHS Integrated Care Management (ICM) Audit
Review

Thank you for the opportunity to respond to the audit report submitted to our agency on January 16, 2004. The audit visit began on December 2, 2003 and continued to December 5, 2003. I appreciate the information provided by the auditors during their visits and look forward to the process of further clarification of contract and program requirements through a more thorough and comprehensive monitoring of our program in the future.

All services that our agency billed to Department of Community & Senior Services (DCSS) were provided. I generally agree with the finding that some services were not supported with adequate documentation for the auditors and I have immediately instituted corrective action to address this finding (see attachment "A"). Although no previous monitoring of our ICM contract has ever noted these documentation discrepancies, I understand the auditors' request for more detail in the client charts regarding what actually occurred when a unit of service in a specific category is recorded in the staff log and thus billed to DCSS. The audit report specifically noted that 14 of our clients' case files did not have a completed care plan to document provision of this service. I disagree with this finding, as all non-APS client charts reviewed had the required care plan document at the time of the audit. These charts were internally reviewed through our quality assurance process prior to the audit. The dates on the care plan document, however, may not correspond with the dates in which Care Planning service was billed to DCSS. Although the actual Care Plan document does not change unless the client's needs or conditions change, the care plan is discussed with the client frequently and noted in the progress notes. Our progress notes are now more detailed in specifically documenting the dates of these discussions.

During this audit, several Adult Protective Services (APS)-referred individuals were selected for client verification, which raised some issues that must be clarified by the Department of Community & Senior Services, Area Agency on Aging (AAA). There was discord between our agency's interpretation of the APS collaboration agreement and the auditor's interpretation of the contract requirements. On January 16, 2003, I faxed and emailed a letter to Denise

South Bay Senior Services
310-325-2141

Corporate Office
310-679-9126 / corporate@bhs-inc.org

Traboulsi, AAA Acting Contracts Manager, regarding my questions and concerns and requested technical assistance and clarification of the documentation and reporting requirements for working with APS-referred individuals. As you can see in the attached letter (see Attachment “B”), the issues I raised were in regards to three main areas:

- 1) Time-frames for working with APS-referred individuals, the nature of the APS referral to our office and our role as “Service Coordinator,”
- 2) Length of time to retain APS referrals, and
- 3) Specific activities that are billable and when to begin billing service units for work conducted on behalf of APS-referred individuals.

1) Regarding time frames, APS Policy Memorandum PM-AAA-ICM-01-9 does indicate the requirement to conduct an in-home assessment of the APS-referred client within a five-day time frame from receipt of the referral (see Attachment “C”). However, it does not state that the case is to be “referred back” to APS if such time frame is not met. Our partnership with APS field offices is one of cooperation, as clients who are referred to our ICM program remain open and active cases at the referring APS field office during the time that we are working to coordinate services requested by the APS social worker. As there are many reasons why the five-day timeframe for a complete in-home assessment may not be reasonable for APS referrals, there must be flexibility for ICM agencies to make clinical decisions regarding each case while maintaining open communication with the APS social worker. According to PM-AAA-ICM-00-9, our goal as “service coordinator” is to “assist APS in meeting client protection goals by enabling functionally impaired adults (age 18 – 64) and older adults (age 65+) to (1) obtain services that promote and maintain the optimum level of functioning in the least restrictive setting possible, and (2) reduce the need for crisis-oriented services.” It is an extreme waste of resources to shuffle papers back and forth when our care manager’s clinical skills in encouraging the client to accept help may be exactly what’s needed to meet the above stated goal. Indeed our persistence in developing trust with many APS-referred individuals has meant the difference between premature institutionalization and remaining safely at home.

2) Regarding length of time to retain APS referrals, each “Service Coordinator Referral Form” indicates a “Target date to complete activities” (see highlighted area in Attachment “D”) which usually falls within a 60-day period, not 5 days as the audit report suggests.

3) Regarding billable activities, our ICM Policy & Procedures Manual, under “Billing and Reporting Requirements” (see Attachment “E”) does state that Preparation Time is an element of time that is included in the reporting of an hour unit of service. Much of the work conducted for the APS-referred individuals selected for this audit was preparatory consultations with the APS social worker and other service providers. It is unclear how to categorize these units of service conducted on behalf of the APS-referred client, when such preparation occurs prior to an in-home assessment that was not completed at the time of the audit.

The questionable results in the “Client Verification” section of our Audit Report have to do with APS-referred individuals only. Clients who enter the APS system are usually not there by their own choice; they are in the system because someone in the community has identified possible abuse or neglect to be investigated. Many of the individuals are frail, cognitively or mentally impaired and may not remember specific telephone calls or attempted home visits by our care manager. These individuals would not necessarily know of the collateral work that our care manager conducted with the APS social worker and other service provider agencies on their behalf.

While the collaboration between ICM agencies and APS may be beyond the scope of this audit, it is necessary for the Board of Supervisors to understand that the programmatic issues that emerged are a product of the unique and innovative nature of this *integrated* funding approach that is truly beyond an auditor’s function to understand. The Board must also recognize that over 40% of the funding for our ICM contract comes from the APS funding category, yet we have little or no control over whether we will receive appropriate referrals from APS to access this funding. In the first three years of the ICM Project, while still in its “Demonstration” phase, contractors, including BHS, worked diligently on workgroups with AAA and APS to develop Policy & Procedures and to identify and resolve problems. These meetings were very productive, yet have since been discontinued. With staff turn-over at ICM agencies and within APS field offices, as well as in AAA and APS Administration, the resulting break-down in communication contributes to confusion. I continue to strongly believe in the goals of the Integrated Care Management program and BHS is committed to ensuring its continued success. I believe that mutual agreement and understanding of ICM program implementation must occur through open communication between AAA and its contracting ICM agencies and through pro-active and informative contract monitoring, *not* through an independent auditor’s interpretation of this human services program.

Behavioral Health Services, Inc., dba South Bay Senior Services has contracted with DCSS AAA for the past 28 years to provide high quality case management services for the frail elderly and impaired adults in our community. For the past four and a half years, our agency has been working in good faith to implement the ICM Project according to contract requirements to meet the project’s goals. The *quality* of our program services is impeccable, as non-APS clients gave testament during their in-home interviews with the auditors. I recognize the seriousness of documentation and billing discrepancies noted and have taken immediate action to implement new procedures and request further clarification for APS-referred cases.

Our Corrective Action Plan for the Audit Report’s Recommendations is detailed below.

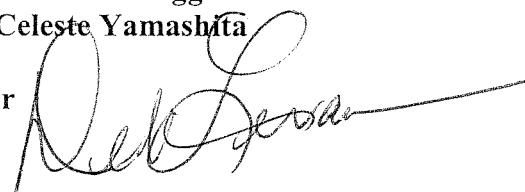
Memo

December 3, 2003

To: All SBSS Care Management staff: Krista Emery
Shannon Scoggins
Celeste Yamashita

From: Debbie Levan, ICM Project Director

Subject: Chart documentation



***** Effective Immediately *****

Please make sure that each entry on your daily care management log (beginning with December 2003 log) has a corresponding written entry on the Progress Notes of the client's chart. For "unopen" APS cases in which you are doing work for the APS social worker prior to an agreement from the client for care management services, please keep all written documentation in a manila folder and in it, keep a written progress notes log of all progress and activities conducted on behalf of the client. For example, this progress notes log would include all calls placed to agencies to identify whether the client would qualify for services, any calls placed to APS, any faxes or correspondence made to APS or other agencies on behalf of the client, etc. For ALL CLIENTS on your service units log, please refer to the attached definitions to assist you in determining which category of service to document your units.

Please make entries in the client's progress notes according to the following example:

Date T.C. or H.V. or C.C. (Service Category abbreviation) Detailed description of encounter or activity followed by your signed first initial, last name and degree or title.

T.C. = Telephone call

H.V. = Home Visit

C.C. = Case conference

Service Category abbreviations include:

INT = Intake/Screening

IHA = In Home Assessment

CP = Care Planning

SA = Service Authorization

CM = Case Monitoring

RA = Reassessment

According to our contract, the “Progress Notes are the ongoing chronology of the client’s record. They should address the provision of services as planned; whether services continue to be necessary and appropriate and are being delivered as anticipated. Notes shall include the following, as appropriate:

- The type and frequency of staff contact with the client (whether the contact was a home visit or telephone call will be specified)
- A record of all events which affect the client (e.g. Hospitalization, collateral contacts with other agencies, etc.)
- Evaluative comments on services delivered; and
- A reflection of the relationship between identified problems and services delivered or not delivered.

Progress notes should also include any significant information regarding the client’s relationship with family, community or any other information which would impact on the established goals for the client’s independent living. All entries must be dated and signed with professional initials.”

Here are examples of what your client progress notes should look like:

11/18 T.C. (INT) Called client to discuss care mgmt services and schedule a home visit.
11/25 H.V. (IHA) Conducted home visit – see assessment and narrative.
12/1 C.C. (CP) Prepared and discussed care plan with supervisor.
12/1 T.C. (CP) Contacted client to clarify and finalize care plan.
12/5 T.C. (SA) Contacted IHSS to verify eligibility and arrange appointment.
1/10/04T.C. (SA) Received call from IHSS social worker, (include name) who indicated (client’s name) is eligible for xx hours of care.
1/10 T.C. (SA) Contacted MOW to place client on waiting list.
1/10 T.C. (SA) Placed call to (client name) to inform her of IHSS hours available and to assist in finding a caregiver. Informed her that she is on wait list for MOW.
1/10 C.C. (SA) Made referral and discussed client needs with SBSS Registry.
1/15 C.C. (SA) Discussed client need for POS food certificate with supervisor.
1/15 T.C. (CM) Called (client name) regarding SBSS Registry and answered her questions. Scheduled a home visit to delivery grocery certificate.
1/16 H.V. (SA) Delivered food certificate to client.
1/23 T.C. (CM) Contacted client to monitor her needs. She states she is doing well and appreciated the certificate for groceries. I encouraged her to consider using the Registry to help with light housekeeping.
2/20 T.C. (CM) Received call from (client’s name) daughter who said she has been briefly hospitalized with pneumonia but is home now. Scheduled a home visit.
2/24 H.V. (RA) Met with client and daughter to discuss client’s needs to stay at home. – see reassessment narrative.
2/26 C.C. (CP) Prepared and discussed new care plan with supervisor.

Please sign this memo, keep your copy and return the original to me via interoffice mail. Please call me at 310-679-9035 ext. 221 if you have any questions. Thank you for your cooperation.

I have read and understand this memo.

Signature

Date

**Behavioral Health Services, Inc. dba South Bay Senior Services
Integrated Care Management Program Audit Review**

CORRECTIVE ACTION PLAN

Action steps in response to the January 2004 Auditor Report's recommendations will be implemented for our ICM contract as follows:

Recommendation	Action Steps	Completion Date	Who Responsible
1. Maintain documentation to support each hour billed to DCSS.	1a. Clarify to ICM staff through Memo the proper supporting documentation requirements for client charts.	1a. Completed December 3, 2003	1a. Project Director
	1b. Maintain supporting documentation in all client charts.	1b. Beginning 12-1-03 and ongoing	1b. All ICM staff
	1c. Conduct internal audit of chart documentation, matching units billed to DCSS with documentation in client progress notes.	1c. By February 29, 2004 and every 6 months thereafter	1c. Project Director
2. Ensure that BHS staff return referrals within the timeframes to APS when BHS is unable to contact the clients or the clients refuse ICM services.	2a. Obtain further clarification in writing from DCSS AAA regarding "return of APS referrals."	2a. Letter written to D. Traboulsi dated January 16, 2004.	2a. Project Director
		2b. If necessary to obtain response, follow-up with telephone call by February 16, 2004	2b. Project Director

Debbie Levan

ATTACHMENT "B"

~~ATTACHMENT "B"~~

From: Debbie Levan [dlevan@bhs-inc.org]
Sent: Friday, January 16, 2004 12:32 PM
To: 'dtraboul@co.la.ca.us'
Subject: ICM Audit

Denise,

I look forward to speaking with you soon regarding the attached letter.

Sincerely,

Deborah Levan, M.P.H.
Director of Senior Services
Behavioral Health Services, Inc.
15519 Crenshaw Blvd.
Gardena, CA 90249
Ph: 310-679-9035
Fax: 310-679-2795
Email: dlevan@bhs-inc.org



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January 16, 2004

Ms. Denise Traboulsi, M.S.W., M.P.A.
Acting Contracts Manager
Los Angeles Area Agency on Aging
3333 Wilshire Blvd. Suite 400
Los Angeles, CA 90010

Dear Denise,

The Auditor-Controller's office conducted its audit/review of our Integrated Care Management Program beginning 12-2-03. We were very appreciative of the clarification the auditors provided, specifically regarding documentation requirements for our case files. We have already implemented new procedures, beginning 12-3-03, to ensure adequate supporting documentation in the client files for all service units billed, including those for APS-referred individuals.

I want to bring to your attention some issues that emerged during the audit, regarding the requirements for working with cases referred from Adult Protective Services. The Auditor's initial report indicated that we are to "refer cases back to DCSS' APS within five days of the referral date in instances in which the referrals refuse services or BHS is unable to contact them." While APS Policy Memorandum PM-AAA-ICM-01-9 does indicate the requirement to conduct an in-home assessment of the APS-referred client within a five-day time frame from receipt of the referral, it does not say that the case is to be referred back to APS if such time frame is not met. I do not believe that it would be in the spirit of our collaborative relationship with APS to just refer individuals back to the APS office due to not meeting a specified time frame. Furthermore, cases referred to us by APS continue to be open and active cases at the referring APS office and contact with the APS social worker is maintained according to the Policy. Our goal in this project is to enable functionally-impaired adults, older adults and family caregivers age 18+ to obtain services that promote and maintain the optimal level of functioning in the least restrictive setting possible, to avoid inappropriate institutionalization and reduce the need for crisis-oriented services. I would like to further discuss with you the nature of and specific contract requirements for working with APS referrals, and to specifically explain the activities we have conducted for the APS-referred individuals selected for the audit.

The Auditor's report also suggested that our work with APS-referred individuals should be *completed* within a five-day time frame. However, each Service Coordination Referral Form indicates a "Target date to complete activities" which usually falls within a 3-month period.

Regarding billable service units, it is my understanding that we can begin to bill service units on APS-referred cases as soon as the referral is received by our office and we begin doing work on the case, including consultation with the APS social worker and/or collateral contacts with service providers in order to coordinate services requested by APS. We bill this work under the "A" funding source, as this is legitimate work conducted on behalf of the APS-referred individual to prepare for the home visit and coordinate requested services. Our ICMP Policy & Procedures Manual, under "Billing and Reporting Requirements," does state that Preparation Time is an element of time that is included in the reporting of an hour unit of service. I am requesting further clarification from AAA of proper billing and documentation for APS-referred individuals, as no previous monitoring of our agency's ICM project had ever noted any billing or documentation discrepancies.

After hearing concerns brought up at the November 25, 2003 ICM Project Director's Meeting regarding lack of appropriately stabilized APS-referrals, I believe there has been a communication break-down between APS field offices and our ICM Project since the discontinuation of the AAA-initiated ICM Workgroup meetings, specifically the APS Coordination Committee. This committee provided the opportunity for all ICM supervisors/care managers and APS supervisors/care management liaisons to regularly discuss their experiences in working together, and to propose solutions to problems. I also agree with AAA and ICM agencies that there is a strong need to bring back the basic training provided to ICM care managers and APS social workers regarding our collaboration agreement with APS, appropriateness of referrals, and differentiation in roles and responsibilities in the ICM project. I personally was involved in the design and implementation of these successful trainings and would be glad to work with you again on this.

Since the inception of this Project, I have been and continue to be a strong supporter and wish to improve our own agency's implementation of the project in accordance with AAA policies. I appreciate the assistance offered through the recent audit and would like to meet with you as soon as possible regarding the audit findings. I am also requesting technical assistance and training from AAA regarding specific documentation and billing requirements, especially for APS-referred cases and welcome the opportunity to discuss our needs further with you. I can be reached by phone at 310-679-9035 or email at dlevan@bhs-inc.org. I look forward to hearing from you at your earliest convenience.

Sincerely,

A handwritten signature in cursive script, reading "Debbie Levan", followed by a horizontal line.

Debbie Levan, M.P.H.
Director of Senior Services

c. Larry Gentile, BHS President/CEO



COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
AREA AGENCY ON AGING

ATTACHMENT "C"

3333 Wilshire Boulevard / Suite 400 / Los Angeles / California 90010
(213) 738-2645 Fax (213) 365-8649

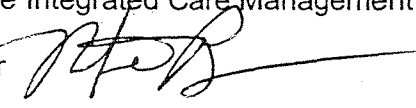
STEPHANIE KLOPFLEISCH
Director

November 20, 2000

ROBERT RYANS
Director
Area Agency on Aging

POLICY MEMORANDUM
PM-AAA-ICM-01-9

To: Project Directors for the Integrated Care Management Demonstration Project

From: Robert Ryans, Director 

SUBJECT: **SERVICE DELIVERY RESPONSIBILITIES AND TIME FRAMES FOR CASES REFERRED & PAID BY ADULT PROTECTIVE SERVICES**

EFFECTIVE: IMMEDIATELY, UNTIL REPLACED

REPLACES: PM-AAA-ICM-00-1

Purpose

This memorandum is intended to clarify the responsibilities of the Adult Protective Services (APS) social worker and community-based care management provider's staff when providing APS-funded services under the Los Angeles County Area Agency on Aging's (AAA) Integrated Care Management Demonstration Project. Furthermore, in accordance with recently finalized regulations from the California Department of Social Services, this memorandum states policy changes regarding the care management and APS social worker frequency of contact with clients.

Note that the term "Service Coordinator" is used throughout this document, when referring to the contract service provider's care managers, to differentiate between the contract service provider's role and the APS program's state-mandated responsibility to provide case management services.

Policy

The attached document provides detailed descriptions of the responsibilities of APS social workers and community-based service coordinators providing services under the Integrated Care Management Demonstration Project, and the time frames for completing these responsibilities. This policy replaces previous information regarding APS-contracted care management responsibilities and time frames.

The original policy is revised to include the requirement that service coordinators make a face-to-face contact with the APS clients on their caseload at least every 30 days, rather than quarterly, and that on lower-risk cases, APS social workers must make a face-to-face contact with the client every 90 days and telephone contact at least every 30 days (see attachment).

Any questions regarding this memorandum may be directed to Laura Medina, Program Manager, AAA Planning and Development Services at (213) 738-2655.

Attachment

c: Laura Medina Norma Nordstrom John Coyle
Mike Earley Pam Smith

**LOS ANGELES COUNTY AREA AGENCY ON AGING — INTEGRATED CARE MANAGEMENT DEMONSTRATION PROJECT
APS SERVICE COORDINATION PROCESS AND TIME FRAMES FOR COMPLETION OF RESPONSIBILITIES
FISCAL YEARS 1999 - 02**

I. Introduction: Services provided through a team approach from the time of Adult Protective Services' (APS) referral to community-based Service Coordination (i.e., Integrated Care Management Demonstration Project) agency through community-based Service Coordination agency's case closure. APS Social Worker serves as the team leader throughout. Community-based Service Coordinator provides expertise and consultation regarding the most appropriate services and resources available to meet the client's needs, and arranges services and resources as requested by APS.

II. GOALS	
Adult Protective Services Goal: To prevent and remedy the abuse, neglect and exploitation of dependent, disabled and vulnerable adults, age 18 and older, who have been harmed or are at risk of harm and are unable to protect and/or care for themselves, and to advocate on their behalf.	Service Coordination Goal: To assist APS in meeting client protection goals by enabling functionally-impaired adults (age 18-64) and older adults (age 65+), to (1) obtain services that promote and maintain the optimum level of functioning in the least restrictive setting possible, and (2) reduce the need for crisis-oriented services.
<p>III. APS / SERVICE COORDINATION PROCESS (beginning with APS acceptance of a report of suspected abuse or neglect, and ending with APS and Service Coordination case closure). The process described below follows in chronological order, who is responsible for providing what services (or reports, contacts, etc.), and the required time frames for completing each step in the process.</p>	
APS RESPONSIBILITIES & TIME FRAMES	COMMUNITY-BASED SERVICE COORDINATOR'S RESPONSIBILITIES & TIME FRAMES
<p>1. <u>Receives report of abuse, neglect or self-neglect from mandated or voluntary reporter</u></p> <ul style="list-style-type: none"> ◆ Determines if report meets APS criteria ◆ Cross-reports to law enforcement and other investigative and prosecutorial agencies as appropriate ◆ Determines level of urgency and response time ◆ Mobilizes emergency response units including law enforcement and paramedics, as appropriate ◆ Provides information and assistance as appropriate if the case does not meet APS criteria ◆ Assigns case to appropriate field office for follow-up <p><u>Time frame:</u> Upon receipt of report in life-threatening situations, or within ten calendar days of receipt of report in all other situations.</p>	No APS-funded case involvement yet.

APS RESPONSIBILITIES & TIME FRAMES	COMMUNITY-BASED SERVICE COORDINATOR'S RESPONSIBILITIES & TIME FRAMES
<p>2. Conducts investigation of protection issues and assessment of need and level of risk</p> <ul style="list-style-type: none"> ◆ Determines the validity of the report ◆ Gathers and documents evidence of abuse ◆ Works with law enforcement and other investigative and prosecutorial agencies, as appropriate ◆ Identifies and evaluates protection issues including client's medical, social, environmental, physical, emotional, and developmental issues ◆ Analyzes client's problems, strengths, and limitations ◆ Identifies client's service needs and personal resources ◆ Assesses client's level of risk, including factors such as the presence of drug or alcohol abuse, history of family violence, isolation of client, and perpetrator risk factors <p><u>Time frame:</u> Process begins immediately in life-threatening situations, or within ten calendar days in all other situations.</p>	<p>No APS-funded case involvement yet.</p>
<p>3. <u>Develops APS service plan</u></p> <ul style="list-style-type: none"> ◆ Determines service needs and develops service plan, based on investigation and assessment ◆ Obtains client input and acceptance of service plan, as appropriate ◆ Determines which elements of the service plan may appropriately be implemented by a Service Coordinator, and those which constitute protective interventions and services which must be carried out by APS <p><u>Time frame:</u> Written service plan is completed within five working days of date of home call. Service Coordinator referral may be made any time thereafter.</p>	<p>No APS-funded case involvement yet.</p>

APS RESPONSIBILITIES & TIME FRAMES	COMMUNITY-BASED SERVICE COORDINATOR'S RESPONSIBILITIES & TIME FRAMES
<p>4a. <u>Carries out APS Service Plan</u></p> <ul style="list-style-type: none"> ◆ Provides counseling for clients and significant others to alleviate the identified problems, and to implement the Service Plan. ◆ Provides services to reduce endangerment, protect the client, and stabilize the case situation, such as arranging for emergency shelter placement, or emergency food ◆ Initiates referral to Service Coordination provider, as appropriate ◆ Initiates referral to major public and private agencies such as law enforcement, public guardian, psychiatric assessment teams <p><u>Time frame:</u> Following formulation of APS Service Plan, and continuing as long as case is open.</p>	<p>4b. <u>Receives client referral</u> from APS worker, including:</p> <ul style="list-style-type: none"> ◆ Presenting problems and level of urgency, including whether client is considered "high risk" ◆ Services requested / authorized by APS, including requested frequency of contact with client ◆ Any other concerns or complications ◆ Extent of APS Social Worker's ongoing involvement in case ◆ Whether a joint in-home assessment is being requested by APS Social Worker ◆ APS's client assessment and client contact information, as appropriate and necessary to effectively provide services <p><u>Time frame:</u> Within 1 working day of APS's contact, calls APS Social Worker to confirm receipt of referral form and consult on case.</p>
<p>5a1. <u>Maintains contact with client</u></p> <ul style="list-style-type: none"> ◆ <u>Monitors progress</u> in achieving Service Plan goals and maintaining case stability ◆ <u>Reassesses</u> Service Plan upon determination that there have been improvements, declines, or circumstantial changes in client's situation that may impact the Service Plan, and require modification of plan <p>5a2. <u>Confers with Service Coordinator</u> re: Service Coordinator's targeted client evaluation findings and recommendations (contact initiated by Service Coordinator).</p> <p><u>Time frame:</u> <i>High-risk</i> cases – face-to-face contact with client at least every 30 days, and contact by telephone with client as often as necessary; <i>Lower-risk</i> cases – face-to-face contact with client every 90 days and telephone contact at least every 30 days, with written approval of HSA I.</p>	<p>5b. <u>Conducts a targeted client evaluation</u> in client's home in order to determine most appropriate providers of services and how best to deliver APS-identified services to the individual client. Joint evaluation conducted with APS Social Worker upon APS request. Builds upon APS client assessment.</p> <p>Using a targeted client evaluation instrument, gathers information not already collected by APS and as appropriate to individual client, such as client's:</p> <ul style="list-style-type: none"> ◆ Levels of functioning in activities of daily living (ADLs), e.g., ambulation, bathing, dressing; and instrumental activities of daily living (IADLs), e.g., light and heavy housework, shopping, meal preparation ◆ Mental/cognitive status using Folstein Mini Mental Status Exam ◆ Medications taken (over-the counter and prescription) ◆ Nutritional risk status <p><u>Time frame:</u> Completes in-home evaluation of client within five working days or sooner after receiving initial APS referral via APS Service Coordination Referral Form. Consults with APS re: client evaluation findings, within one working day after in-home evaluation is completed (contact initiated by Service Coordinator).</p>

APS RESPONSIBILITIES & TIME FRAMES	COMMUNITY-BASED SERVICE COORDINATOR'S RESPONSIBILITIES & TIME FRAMES
<p>6a1. Maintains contact with client as appropriate to the individual case, as described above.</p> <p>6a2. Confers with Service Coordinator as needed.</p> <p><u>Time frame:</u> As needed.</p>	<p>6b. <u>Develops Service Coordination plan</u> with client and family, building upon APS service plan and based upon services authorized by APS and evaluation findings</p> <p>The Service Coordination plan:</p> <ul style="list-style-type: none"> ◆ Serves as agreement among client, Service Coordinator, and APS Social Worker regarding who, what, where, when, and how services will be delivered to client ◆ Includes APS-authorized services; if evaluation findings warrant additional services, the APS Social Worker will be contacted for further authorization ◆ Must be approved by client or surrogate decision maker (in-person or by telephone), including any revisions to original Service Coordination plan ◆ Includes measurable outcomes ◆ Is co-signed by Service Coordinator's supervisor ◆ Is reviewed monthly with client to determine any need for revisions and continued need for Service Coordinator's services <p><u>Time frame:</u> Completed and signed by Service Coordinator & their supervisor, and by client, within five working days after date of in-home assessment, and within five working days after determining the need for revisions to original Service Coordination plan. A copy of signed Service Coordination plan is to be sent to APS Social Worker upon completion.</p>

APS RESPONSIBILITIES & TIME FRAMES	COMMUNITY-BASED SERVICE COORDINATOR'S RESPONSIBILITIES & TIME FRAMES
<p>7a1. Maintains contact with client as appropriate to the individual case, as described above.</p> <p>7a2. Confers with Service Coordinator as needed.</p> <p><u>Time frame:</u> As needed.</p>	<p>7b. <u>Carries-out Service Coordination plan by arranging for services, equipment, supplies</u> needed by client, once APS has authorized services to be delivered.</p> <p>Services arranged (referred to other programs) may include:</p> <ul style="list-style-type: none"> ◆ Home-delivered meals ◆ Housekeeping and homemaking services ◆ Home modifications / safety devices ◆ Referral to housekeeping/homemaking worker registry to assist in locating available and qualified home care workers ◆ Respite care for caregivers ◆ Transportation for medical appointments or other needs ◆ Socialization opportunities such as congregate meals programs, clubs, support groups, church attendance, etc. <p>Additional services may include:</p> <ul style="list-style-type: none"> ◆ Assist client in completing program application forms (such as for SSI, TANF, long-term disability), enrolling in / disenrolling from HMOs) ◆ Includes ability to purchase services if preauthorized by APS for payment with APS funds. May include, for example, home modifications, transportation, assistive devices, respite care, and special diets when all other avenues to secure needed services have been exhausted. Priority given to purchasing services that can stabilize the client but are not ongoing. All purchase of services must be reviewed by Service Coordinator's supervisor and have prior APS approval if APS-funded <p>Case aides may assist with service arrangement functions under Service Coordinator's and supervisor's direction.</p> <p><u>Time frame:</u> Within five days after services have been arranged, client will be contacted to ensure that services/supplies were received, meet intended need, and are acceptable to client.</p>
<p>8a1. Maintains contact with client as appropriate to the individual case, as described above.</p> <p>8a2. Confers with Service Coordinator as needed.</p> <p><u>Time frame:</u> As needed.</p>	<p>8b. <u>Through contact with referral agencies and client, ensures quality of services delivered to client and documents findings.</u> All face-to-face contacts with clients shall be conducted by Service Coordinator, telephone contacts may be conducted by case aide in situations deemed appropriate by Service Coordinator and supervisor.</p> <p><u>Time frame:</u> Face-to-face every 30 days, or more frequently upon determination of need or request of APS.</p>

APS RESPONSIBILITIES & TIME FRAMES	COMMUNITY-BASED SERVICE COORDINATOR'S RESPONSIBILITIES & TIME FRAMES
<p>9a. <u>Maintains regular contact with Service Coordinator</u></p> <ul style="list-style-type: none"> ◆ Monitors progress in achieving Service Plan goals and maintaining case stability ◆ Follows up to ensure that the requested services are in place and are having a positive effect on client's safety <p><u>Time frame:</u> At least monthly by telephone, initiated by Service Coordinator. Written progress report due to APS quarterly from Service Coordinator.</p>	<p>9b. <u>Maintains regular contact with APS Social Worker</u> to report status of Service Coordinator's work, observations of client status, and any concerns or recommendations for additional services beyond those authorized by APS</p> <p><u>Time frame:</u> Status reports by telephone at least monthly, or more frequently as needed / appropriate; quarterly written status reports.</p>
<p>10a. <u>Case closure</u></p> <ul style="list-style-type: none"> ◆ APS case remains open at least while Service Coordination case is open, or longer, as the individual situation warrants ◆ APS terminates Service Coordination when APS-authorized goals have been met ◆ APS case is closed when 1) the immediate danger has been reduced or eliminated, 2) the case situation has been stabilized, 3) no further APS intervention is warranted, and 4) the services put into place are expected to continue to maintain client protection and case stability <p><u>Time frame:</u> As appropriate for the individual client.</p>	<p>10b. <u>Case closure</u> — Service Coordinator contacts APS Social Worker to advise that the case no longer requires Service Coordination; this contact is to allow dialogue and agreement between APS and community-based Service Coordinator on whether Service Coordinator should close case.</p> <p><u>Time frame:</u> Immediately upon determination that case no longer requires Service Coordination, and prior to final case closure.</p>

Date: 11/15/00
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APS SERVICE COORDINATION REFERRAL

Client Name (Last, First, Middle, Init.) [REDACTED]		Case # [REDACTED]	Sex M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Social Security Number [REDACTED]
Client Address [REDACTED]		City [REDACTED]	Zip Code 90277	Telephone [REDACTED]
Date of Birth [REDACTED]	Marital Status S <input checked="" type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/>	Ethnicity [REDACTED]		Language [REDACTED]
Income (Source & Amount) Social Security: [REDACTED]	SSI: \$0.00	G.R.: \$0.00	V.A.: \$0.00	Other (Specify): \$0.00
Health Insurance	Medicare # Medicare	MediCal #	H.M.O. #	V.A. #
Medical Conditions & Known Medications [REDACTED]				
Psychiatric Conditions & Known Medications [REDACTED]				
Physician(s) Name: [REDACTED]		Specialty: PCP		Telephone: (Unknown)
Name:		Specialty:		Telephone:
Lives Alone Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Other household members (Name & Relationship)			
Emergency Contact Name: [REDACTED] Relationship: Daughter			Home Telephone: [REDACTED] Work Telephone:	
Collateral Contacts Name: Relationship: Telephone:			Telephone:	
Name: Relationship: Telephone:			Telephone:	
Name: Relationship: Telephone:			Telephone:	
Service Coordination Agency South Bay Senior Service, Behavioral Health Services, Inc. Fax: 325-2141			Referral Date 10-20-2003	
Types of abuse (check all that apply) <input type="checkbox"/> Physical <input type="checkbox"/> Financial <input type="checkbox"/> Neglect <input type="checkbox"/> Sexual <input type="checkbox"/> Isolation <input type="checkbox"/> Abandonment <input type="checkbox"/> Psychological <input checked="" type="checkbox"/> Self-Neglect		Reason for Referral (attach additional sheets if necessary)		
Services to be provided by APS Service coordination, GENESIS.				
Services requested (Be specific in regard to expectations of Service Coordinator)/Potential hazards/dangers to Coordinator or client. Client would need assistance with finding another mode of transportation, arrange medical/psy service, legal assistance preferably an attorney familiar with trust issues, renewing her driver's license, and assistance finding a handyman. Guns are reported to be in the home.				
Joint in-home assessment requested Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Case transferred to APS Care Mgmt Liaison SW Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Target Date to complete activities: 12-31-03		Frequency of home calls:		
APS Social Worker (Signature): Garrett Endow Garrett Endow		Telephone: (310)219-2782	APS Supervisor (Signature): [Signature] (310)219-2787	

APS SERVICE COORDINATION REFERRAL

Client Name <u>[REDACTED]</u>		APS Case Number <u>[REDACTED]</u>		<input type="checkbox"/> Referral Received Date: _____ Service Coordinator Name: _____																																									
<input checked="" type="checkbox"/> Initial Authorization Date 10-20-03	<input type="checkbox"/> Change Date _____	<input type="checkbox"/> Re-authorization _____ (SSS) _____ (HSAI) Date _____		CASE STATUS																																									
TO BE COMPLETED BY APS SOCIAL WORKER (SW)				TO BE COMPLETED BY SERVICE COORDINATOR																																									
<input checked="" type="checkbox"/> Goal #1: Assist client in obtaining/maintaining adequate health care SW 10-20-03 GE <u>GE</u> SSS Auth. (Initial and Date) <u>[Signature]</u> SW _____ SSS Change (Initial and Date) <u>10/20/03</u> Service activities: <input checked="" type="checkbox"/> Arrange medical/psychiatric services, hospitalization, home health <input type="checkbox"/> Arrange for substance abuse services <input type="checkbox"/> Assist client in applying for medical benefits such as Medi-Cal or Medicare <input type="checkbox"/> Assist client in enrolling in or disenrolling from HMO plans <input type="checkbox"/> Assist client to enroll in Medic Alert, Life Line, Safe Return or other emergency alert systems <input type="checkbox"/> Provide advocacy with regard to accessing medical/psychiatric services <input checked="" type="checkbox"/> Arrange medical transportation <input type="checkbox"/> Purchase of Service (Specify): _____ <input type="checkbox"/> Other (Specify): _____				<table border="1"> <thead> <tr> <th>Pending</th> <th>Unable /Refused</th> <th>Completed</th> <th>Date U/R or Completed</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> </tbody> </table>		Pending	Unable /Refused	Completed	Date U/R or Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input checked="" type="checkbox"/> Goal #2: Assist client in meeting ADL/ADL or care needs SW 10-20-03 GE <u>GE</u> SSS Auth. (Initial and Date) <u>[Signature]</u> SW _____ SSS Change (Initial and Date) <u>10/20/03</u> Service activities: <input type="checkbox"/> Arrange in-home services, including IHSS <input type="checkbox"/> Assist client in obtaining home safety modifications and repairs <input type="checkbox"/> Assist client in obtaining assistive or adaptive devices <input type="checkbox"/> Assist client in obtaining: <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Adult Day Health Care or <input type="checkbox"/> caregiver respite services <input checked="" type="checkbox"/> Arrange transportation to obtain services <input type="checkbox"/> Arrange appropriate IADL training <input type="checkbox"/> Purchase of Service (Specify): _____ <input checked="" type="checkbox"/> Other (Specify): Assist with handyman services and renewing client's driver's license.				<table border="1"> <thead> <tr> <th>Pending</th> <th>Unable /Refused</th> <th>Completed</th> <th>Date U/R or Completed</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> </tbody> </table>		Pending	Unable /Refused	Completed	Date U/R or Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input checked="" type="checkbox"/> Goal #3: Assist client in obtaining/maintaining adequate nutrition SW _____ SSS Auth. (Initial and Date) _____ SW _____ SSS Change (Initial and Date) _____ Service activities: <input type="checkbox"/> Arrange nutrition services, including congregate and/or home-delivered meals <input type="checkbox"/> Arrange nutritional assessment if Older Americans Act III-F funding is available <input type="checkbox"/> Address special diet needs of the client <input checked="" type="checkbox"/> Arrange transportation to obtain services <input type="checkbox"/> Purchase of Service (Specify): _____ <input type="checkbox"/> Other (Specify): _____				<table border="1"> <thead> <tr> <th>Pending</th> <th>Unable /Refused</th> <th>Completed</th> <th>Date U/R or Completed</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> </tbody> </table>		Pending	Unable /Refused	Completed	Date U/R or Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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APS SERVICE COORDINATION REFERRAL

Client Name <u> </u>		Service Coordinator Name <u> </u>	
APS Case Number <u> </u>		Telephone Number <u> </u>	
TO BE COMPLETED BY APS SOCIAL WORKER (SW)		TO BE COMPLETED BY SERVICE COORDINATOR	
<input checked="" type="checkbox"/> Goal #4: Assist client in obtaining/maintaining financial stability SW <u>10-20-03 GE</u> SSS Auth. (Initial and Date) <u> </u> SW <u> </u> SSS Change (Initial and Date) <u> </u> Service activities: <input type="checkbox"/> Assist client in applying for or retaining benefits such as pension benefits, SSI, Social Security, Veteran's benefits, etc. <input type="checkbox"/> Assist client in obtaining valid ID/other documents <input type="checkbox"/> Assist client in obtaining money management services <input type="checkbox"/> Assist client in obtaining related legal services <input type="checkbox"/> Purchase of Service (Specify): <input checked="" type="checkbox"/> Other (Specify): Assist with obtaining legal services relating to the trust		Pending Unable/Refused Completed Data UIR or Completed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Goal #5: Assist client in obtaining/maintaining adequate housing SW <u> </u> SSS Auth. (Initial and Date) <u> </u> SW <u> </u> SSS Change (Initial and Date) <u> </u> Service activities: <input type="checkbox"/> Assist client in applying for HUD/Section 8 or other appropriate housing <input type="checkbox"/> Advocate with utility companies to obtain/restore utilities <input type="checkbox"/> Assist client in obtaining non-emergency out-of-home placement (e.g., board-and-care) <input type="checkbox"/> Provide advocacy/mediation in client's dispute with landlord/property manager <input type="checkbox"/> Assist client in obtaining related legal services <input type="checkbox"/> Purchase of Service (Specify): <input type="checkbox"/> Other (Specify):		Pending Unable/Refused Completed Data UIR or Completed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Goal #6: Assist client in avoiding isolation or its harmful effects SW <u> </u> SSS Auth. (Initial and Date) <u> </u> SW <u> </u> SSS Change (Initial and Date) <u> </u> Service activities: <input type="checkbox"/> Advocate with telephone companies to obtain/restore telephone service <input type="checkbox"/> Connect client with available relatives, friends or other local support systems/socialization activities <input type="checkbox"/> Arrange friendly visitor, gatekeeper or telephone reassurance services <input type="checkbox"/> Purchase of Service (Specify): <input type="checkbox"/> Other (Specify):		Pending Unable/Refused Completed Data UIR or Completed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CASE CLOSURE AUTHORIZATION/CONFIRMATION (based on APS/ Service Coordinator verbal consultation)			
<input type="checkbox"/> SERVICE COORDINATION CASE TO BE CLOSED – EFFECTIVE DATE: <u> </u>			
APS SSS SIGNATURE: <u> </u>		DATE: <u> </u>	
<input type="checkbox"/> SERVICE COORDINATION CASE CLOSED-			
SVC. COORD. SPVSR'S SIG: <u> </u>		DATE: <u> </u>	

Service Coordinator's Name: Phone Number:

If applicable, on an additional sheet provide an explanation of any "Unable/Refused" entries, including a brief assessment of whether the client will be endangered without this service. Provide any other information that requires clarification or that should be noted by the APS Worker.

Billing and Reporting Requirements

Billing

Agencies will be reimbursed for the following units of service based on the units of measurement described below:

Required Unit of Service	Reporting Increments	Unit of Measurement	Maximum Rate Of Reimbursement
A. Intake screening (excludes Adult Protective Services [APS] cases)	30 Min.	1 hour	\$22.00
B. In-Home Assessment	30 Min.	1 hour	\$40.00
C. Care Planning	30 Min.	1 hour	\$40.00
D. Service Authorization/Arrangement	30 Min.	1 hour	\$40.00
E. Case Monitoring	30 Min.	1 hour	\$40.00
F. Inter-Agency Coordination	30 Min.	1 hour	\$40.00

The table represents the maximum federal cost per unit of measurement, which the Area Agency on Aging will reimburse contractors for each service funded. Contractors may negotiate any rate up to and including the rate listed for the service, which you may choose to deliver.

Reporting

To report units for reimbursement, all contractors must utilize the MIS system for reporting units. Each contractor is paid based on the units specified within the contract for each category.

There are three (3) elements of time that are included in the reporting of an hour unit of service:

Preparation Time: The time necessary to prepare for the delivery of service. Examples may include time required to locate home workers to fill in for caregivers for weekend Rapid Response or recruiting in-home workers for Registry service.

Service Time: The time expended on the actual provision of a service.

Travel Time: The time spent traveling to the location where a service is to be delivered.

METHOD OF COMPENSATION: Subject to availability of funding from CDA, County agrees to make payments to Contractor under the following conditions.